

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10658460</u>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		2		2			54						
5	1		1				55						
6		1		1			56						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		9				TOTAL IND.						
TOTAL DEP.		2		2			TOTAL DEP.						
TOTAL CLAIMS	9	2	9	2			TOTAL CLAIMS						